

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		0		2		
4		0		2		
5		0		2		
6	/		/			
7		/		/		
8		2		2		
9		0		2		
10		0		2		
11		0		2		
12		0		2		
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	16	↓	28	↓		↓
TOTAL CLAIMS	18		30			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS